

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- B-1 Specification of the Waiver Target Group(s)
  - a. Target Groups:

# TARGET GROUP:

## Appendix B-1

Questions asked of:

- Comprehensive Waiver Only

- 3. The state did not identify the removal of a target group of individuals with Autism in your summary of major changes in this renewal.

03/17/2016

Appendix B

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## Appendix B: Participant Access and Eligibility

HCBS Waiver Application Version 3.5

## Appendix B: Participant Access and Eligibility

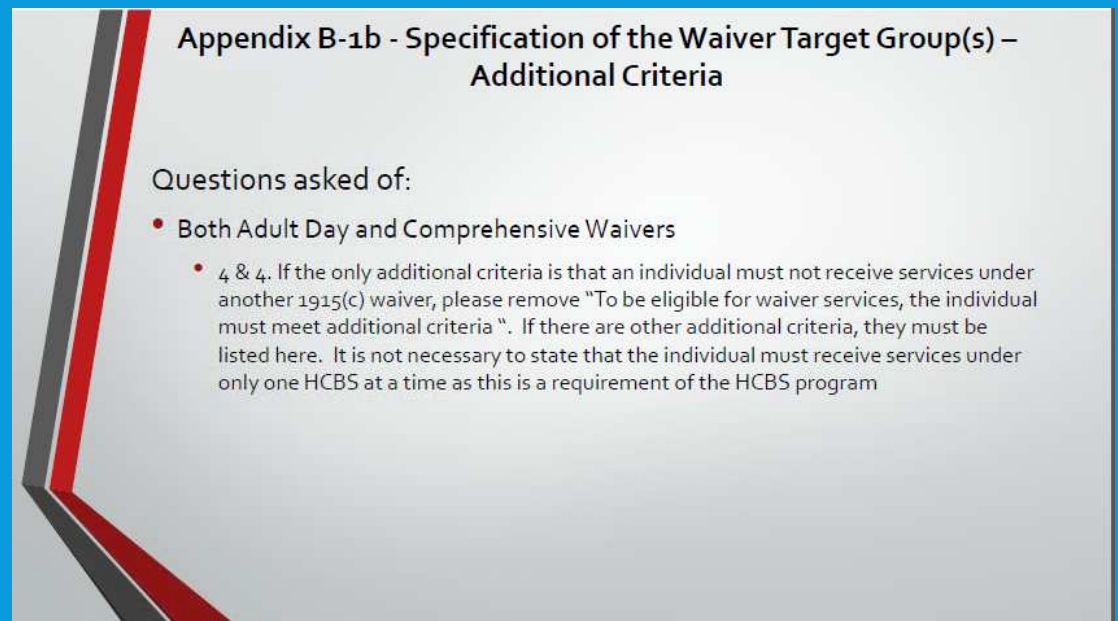
### Appendix B-1: Specification of the Waiver Target Group(s)

- a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroups of individuals. *In accordance with 42 CFR §441.301(b)(6), select one waiver target group, check each subgroup in the selected target group that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

SELECT ONE WAIVER TARGET GROUP	TARGET GROUP/SUBGROUP	MINIMUM AGE	MAXIMUM AGE	
			MAXIMUM AGE LIMIT: THROUGH AGE –	NO MAXIMUM AGE LIMIT
<input type="checkbox"/>	<b>Aged or Disabled, or Both - General</b>			
	<input type="checkbox"/> Aged (age 65 and older)			<input type="checkbox"/>
	<input type="checkbox"/> Disabled (Physical)			
	<input type="checkbox"/> Disabled (Other)			
<input type="checkbox"/>	<b>Aged or Disabled, or Both - Specific Recognized Subgroups</b>			
	<input type="checkbox"/> Brain Injury			<input type="checkbox"/>
	<input type="checkbox"/> HIV/AIDS			<input type="checkbox"/>
	<input type="checkbox"/> Medically Fragile			<input type="checkbox"/>
	<input type="checkbox"/> Technology Dependent			<input type="checkbox"/>
<input type="checkbox"/>	<b>Intellectual Disability or Developmental Disability, or Both</b>			
	<input type="checkbox"/> Autism			<input type="checkbox"/>
	<input type="checkbox"/> Developmental Disability			<input type="checkbox"/>
	<input type="checkbox"/> Mental Retardation			<input type="checkbox"/>
<input type="checkbox"/>	<b>Mental Illness (check each that applies)</b>			
	<input type="checkbox"/> Mental Illness			<input type="checkbox"/>
	<input type="checkbox"/> Serious Emotional Disturbance			<input type="checkbox"/>

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- B-1 Specification of the Waiver Target Group(s)
- b. Additional Criteria:
  - Children's Waiver
  - Adult Day Waiver
  - Comprehensive Waiver



Appendix B-1b - Specification of the Waiver Target Group(s) – Additional Criteria

Questions asked of:

- Both Adult Day and Comprehensive Waivers
  - 4 & 4. If the only additional criteria is that an individual must not receive services under another 1915(c) waiver, please remove "To be eligible for waiver services, the individual must meet additional criteria ". If there are other additional criteria, they must be listed here. It is not necessary to state that the individual must receive services under only one HCBS at a time as this is a requirement of the HCBS program

# CHILDREN'S WAIVER

**b. Additional Criteria.** The State further specifies its target group(s) as follows:

To be eligible for waiver services, the individual must meet additional criteria -

For individuals continuing in Special Education beyond their 21st birthday, eligibility may continue until the Special Education services end. In Nebraska, a student is entitled to complete his/her final semester, rather than leaving school on his/her 21st birthday. The waiver authorization ending date is the individual's high school graduation date.

The individual must not receive services under another 1915 (c) home and community based services waiver.

# HCBS PRIORITIZATION & WAITLIST

03/18/2016

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- B-1 Specification of the Waiver Target Group(s)
- c. Transition of Individuals Affected by Maximum Age Limitations:
  - Children's
  - Adult Day
  - Comprehensive

c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

<input type="radio"/>	Not applicable. There is no maximum age limit
<input type="radio"/>	The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit. <i>Specify:</i>

# CHILDREN'S WAIVER

c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

- ☐ **Not applicable. There is no maximum age limit**
- ☒ **The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

# CHILDREN'S WAIVER

- State staff, the Disability Services Specialist which determines eligibility and prior authorizes waiver services, and the Developmental Disabilities (DD) Service Coordinator which provides case management track children's waiver participants to determine when the participant will become ineligible for the waiver.
- At the annual, but no later than the semi-annual Individual and Family Support Plan (IFSP) meeting the interdisciplinary team will determine the desire and need for adult DD services, based on the participant's plan for the future, skills, abilities, needs, and availability of non-DD services and supports.
- If it is determined that adult DD services will best meet the person's needs, three to four months prior to a participant aging out of the children's waiver, the standard process for new adult DD waiver referrals will be followed.
- When a Disability Services Specialist (DSS) makes an initial determination that needs cannot be addressed by the adult waiver, the DSS informs the individual of the decision and the right to due process in writing. The individual's DDD Service Coordinator is also informed, so that the Team will address how the person's needs will be met through non-waiver DD services, other DHHS non-DD services, community services, natural supports, etc. The individual will continue to receive state DD services if the individual's team determines that DD services are appropriate. There is no interruption in the individual's DD services during the transition process.



# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-2: Individual Cost Limit
  - a. Individual Cost Limit

03/17/2016

## Appendix B-2: Individual Cost Limit

- a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*). Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

<input type="radio"/>	<b>No Cost Limit.</b> The State does not apply an individual cost limit. <i>Do not complete Item B-2-b or Item B-2-c.</i>	
<input type="radio"/>	<b>Cost Limit in Excess of Institutional Costs.</b> The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. <i>Complete Items B-2-b and B-2-c. The limit specified by the State is (select one):</i>	
<input type="radio"/>	%	A level higher than 100% of the institutional average Specify the percentage:
<input type="radio"/>	Other ( <i>specify</i> ):	
<input type="radio"/>	<b>Institutional Cost Limit.</b> Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. <i>Complete Items B-2-b and B-2-c.</i>	
<input type="radio"/>	<b>Cost Limit Lower Than Institutional Costs.</b> The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver. <i>Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.</i>	
	The cost limit specified by the State is ( <i>select one</i> ):	
<input type="radio"/>	<b>The following dollar amount:</b> Specify dollar amount:	
	The dollar amount ( <i>select one</i> ):	
<input type="radio"/>	<b>Is adjusted each year that the waiver is in effect by applying the following formula:</b> Specify the formula:	
<input type="radio"/>	<b>May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.</b>	

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-2: Individual Cost Limit
  - b. Method of Implementation of Individual Cost Limit
  - c. Participant Safeguards

<input type="checkbox"/>	The participant is referred to another waiver that can accommodate the individual's needs.
<input type="checkbox"/>	Additional services in excess of the individual cost limit may be authorized. Specify the procedures for authorizing additional services, including the amount that may be authorized:
<input type="checkbox"/>	Other safeguard(s) (Specify):

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-3: Number of Individuals Served
  - a. Unduplicated Number of Participants

**Appendix B-3 - Number of Individual Served**

Questions asked of:

- Adult Day Waiver Only
  - 5. This section is an exact cut and paste from the currently approved waiver. Please correct the unduplicated number of participants to reflect the correct number of unduplicated participants the State proposes to serve. If this number is accurate, please explain the variance in the number served from waiver year 5 1625 to 1330 for waiver year 1 of the new waiver. There is a reduction in this number and an explanation will be needed.
- Comprehensive Waiver Only
  - 5. This section does not align with the currently approved waiver. Please correct the unduplicated number of participants to reflect the correct number of unduplicated participants the State proposes to serve. If the renewal is accurate, please explain the variance in the number served from waiver year 5 of 4180 to 3685 for waiver year 1 of the new waiver. If there is an intended reduction in this number an explanation will be needed.
  - 6. If no reduction is intended, the state needs to revised its unduplicated count and adjust any differences in cost neutrality within Appendix J.

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Table: B-3-a	
Waiver Year	Unduplicated Number of Participants
Year 1	
Year 2	
Year 3	
Year 4 (only appears if applicable based on Item 1-C)	
Year 5 (only appears if applicable based on Item 1-C)	

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-3: Number of Individuals Served
  - b. Limitation of Number of Participants Served at Any Point in Time

<input type="radio"/>	The State does not limit the number of participants that it serves at any point in time during a waiver year.
<input type="radio"/>	The State limits the number of participants that it serves at any point in time during a waiver year.

## Appendix B-3b – Limitation on the Number of Participants Served at any Point in Time

### Questions asked of:

- Adult Day Waiver Only
  - 6. Please confirm that the state has not been imposing a limitation on the number of participants served at any point in time.
- Comprehensive Waiver Only
  - 7. Please confirm that the state has not been imposing a limitation on the number of participants served at any point in time and does not wish to do so with the renewal of this waiver.

03/17/2016

Table B-3-b	
Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	
Year 2	
Year 3	
Year 4 (only appears if applicable based on Item 1-C)	
Year 5 (only appears if applicable based on Item 1-C)	12

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-3: Number of Individuals Served
  - c. Reserve Waiver Capacity

Appendix B-3c – Reserved Waiver Capacity
<p>Questions asked of:</p> <ul style="list-style-type: none"> <li>Both Adult Day and Comprehensive Waivers                             <ul style="list-style-type: none"> <li>7 &amp; 8. Please confirm that the state does not wish to reserve capacity for any specific population at this time.</li> </ul> </li> </ul>

03/17/2016

<input type="radio"/> Not applicable. The state does not reserve capacity.		
<input type="radio"/> The State reserves capacity for the following purpose(s). Purpose(s) the State reserves capacity for:		
Table B-3-c		
	Purpose (provide a title or short description to use for lookup):	Purpose (provide a title or short description to use for lookup):
	Purpose (describe):	Purpose (describe):
	Describe how the amount of reserved capacity was determined:	Describe how the amount of reserved capacity was determined:
	Capacity Reserved	Capacity Reserved
	Year 1	
	Year 2	
Year 3		
Year 4 (only if applicable based on Item 1-C)		
Year 5 (only if applicable based on Item 1-C)		

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-3: Number of Individuals Served
  - d. Scheduled Phase-In or Phase Out

<input type="radio"/>	The waiver is not subject to a phase-in or a phase-out schedule.
<input type="radio"/>	The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an <i>intra-year</i> limitation on the number of participants who are served in the waiver.

- B-3: Number of Individuals Served - Attachment #1
- This attachment is specific to Phase-In/Phase Out Schedules

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-3: Number of Individuals Served
  - e. Allocation of Waiver Capacity

<input type="radio"/>	Waiver capacity is allocated/managed on a statewide basis.
<input type="radio"/>	Waiver capacity is allocated to local/regional non-state entities. Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- **Appendix B-3: Number of Individuals Served**
  - f. Selection of Entrants to the Waiver



# CURRENT WAIVER

## Adult Waivers

**f. Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

Waiver capacity will be allocated statewide. Individuals who meet waiver eligibility criteria listed at Appendix B-1-a and B-1-b of this waiver application, will be given a waiver slot.

In the event that all slots were filled, the state would immediately submit an application to increase available slots to serve all eligible individuals.

All eligible individuals have comparable access to all services offered in this waiver.

## Children's Waiver

**f. Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

Children receiving DD habilitation services, who meet waiver eligibility criteria listed at Appendix B-1-a and B-1-b of this waiver application, will be given a waiver slot.

In the event that all slots were filled, the state would immediately submit an application to increase available slots to serve all eligible individuals.

All eligible individuals have comparable access to all services offered in this waiver.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-4: Medicaid Eligibility Groups Served in the Waiver
  - a.
    - 1. State Classification
    - 2. Miller Trust State
  - b. Medicaid Eligibility Groups Served in the Waiver

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-5: Post-Eligibility Treatment of Income
  - a. Use of Spousal Impoverishment Rules
  - b-1. Regular Post-Eligibility Treatment of Income: SSI State
  - c-1. Regular Post-Eligibility Treatment of Income: 209(B) State
  - b-2. Regular Post-Eligibility of Treatment Income: SSI State
  - c-2. Regular Post-Eligibility of Treatment Income: 209 (B) State
  - d. Post-Eligibility of Income Using Spousal Impoverishment Rules
  - e. Regular-Post-Eligibility Treatment of Income: SSI State and §1634 state – 2014 through 2018.
  - f. Regular Post-Eligibility: 209(b) State – 2014 through 2018.
  - g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules – 2014 through 2018

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - a. Reasonable Indication of Need for Services

i.	<b>Minimum number of services.</b> The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: <input type="text"/>
ii.	<b>Frequency of services. The State requires (select one):</b>
<input type="radio"/>	The provision of waiver services at least monthly
<input type="radio"/>	Monthly monitoring of the individual when services are furnished on a less than monthly basis If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency: <input type="text"/>

# CURRENT WAIVER

## Day Services Waiver for Adults with DD

### i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is:

### ii. Frequency of services. The State requires (select one):

- ☒ **The provision of waiver services at least monthly**
- ☐ **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - b. Responsibility for Performing Evaluations and Reevaluations.

<input type="radio"/>	Directly by the Medicaid agency
<input type="radio"/>	By the operating agency specified in Appendix A
<input type="radio"/>	By an entity under contract with the Medicaid agency. <i>Specify the entity:</i>
<input type="radio"/>	Other <i>Specify:</i>

# CURRENT WAIVER

## Day Services Waiver for Adults with DD

**b. Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (*select one*):

- ☒ **Directly by the Medicaid agency**
- ☐ **By the operating agency specified in Appendix A**
- ☐ **By an entity under contract with the Medicaid agency.**

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - c. Qualifications of Individuals Performing Initial Evaluation:



# CURRENT WAIVER

Disability Services Specialists are required to have a Bachelor's Degree - preferred in psychology, social work, education, public administration or a related human service field and one year experience working in the field of developmental disabilities. They must be able to communicate effectively verbally and in writing, possess excellent interpersonal skills, function as a team leader, team member, work independently, and organize/manage workload. Experience in working with people with DD and knowledge of quality assurance/improvement is preferred, but is not a requirement.

They must have knowledge of current practices in the field of DD, including service coordination, program planning, disability law, medications, the theory of normalization, and provision of habilitation services.

The following abilities are required: Communicate effectively in a variety of situations; develop working relationships with individuals with DD, their families, review team members, community professionals, program directors, agency representatives, and other groups of individuals with interests in DD; analyze behavioral data and formulate habilitation plans; and plan and organize habilitative training programs.

Skills in interviewing techniques, assessing skills, abilities, preferences, and needs and explaining services to individuals, families, and guardians are required.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - d. Level of Care Criteria.

# CURRENT WAIVER

- DHHS-DDD applies the following criteria to determine the need for ICF services:

1. As documented by an evaluation which was made no more than three years before the initial determination of Waiver eligibility, has an intellectual disability or has a severe, chronic disability other than intellectual disability or mental illness which:

- A. Is attributable to a mental or physical impairment other than a mental or physical impairment caused solely by mental illness;
- B. Is manifested before the age of 22 years;
- C. Is likely to continue indefinitely; and
- D. Results in:
  - (1) In the case of a person three years of age or older, a substantial limitation in three or more of the following areas of major life activity, as appropriate for the person's age:
    - (a) Self-care;
    - (b) Receptive and expressive language development and use;
    - (c) Learning;
    - (d) Mobility;
    - (e) Self-direction;
    - (f) Capacity for independent living; and
    - (g) Can benefit from habilitation directed toward-
      - a. The acquisition, retention, and improvement of self-help, socialization, and adaptive skills for the individual's maximum possible independence; or
      - b. For dependent individuals where no further positive growth is demonstrable, the prevention of regression or loss of current optimal functional status.
- The Developmental Index is the LOC instrument that is utilized.

# CURRENT WAIVER

- The children's waiver contains the aforementioned language as well as :
- Allowance of an evaluation that is current within 3 years of initial eligibility is based on Nebraska Dept. of Education verification of continued eligibility for Special Education services. Special Education evaluation are completed or the need is considered every three years and are not an additional cost to the individual or the State Medicaid program. Best practice for evaluating LOC is requesting and reviewing all available Special Education evaluations or Psychological evaluations that were completed during the developmental years.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - e. Level of Care Criteria.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - e. Level of Care Instrument(s).

<input type="radio"/>	The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.
<input type="radio"/>	A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan. Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

# CURRENT WAIVER

e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

- ☐ **The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**
- ☒ **A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

The Developmental Index assessment tool for waiver eligibility is comparable to the assessment tool completed for institutional placement. Both tools note skills, abilities, preferences, and needs, and current community based habilitation or ICF active treatment, as applicable, and supports. Provider staff or others who are familiar with the individual complete the applicable tool.

The Developmental Index differs from the ICF LOC tool by assessing skills, abilities, and areas needing improvement for maximizing independence in the community, such as job-readiness, managing personal finances, and accessing community services.

If a former waiver participant enters the State ICF for short-term intensive behavioral treatment, the LOC is determined using the ICF LOC tool. The outcome of the determinations yielded from the Developmental Index is similar in validity and reliability to the outcome of determinations yielded from the assessment completed for institutional placement.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - f. Process for Level of Care Evaluation/Reevaluation.



# CURRENT WAIVER (CHILDREN'S WAIVER)

- The same process for evaluation and reevaluation for the need for ICF level of care is as follows:
- The Division of Developmental Disabilities employs 12 Disability Services Specialists, located across the state, to determine initial and ongoing eligibility and annual review of eligibility for HCBS waiver for children with developmental disabilities. The DDD Service Coordinator submits the following eligibility information to the
- Disability Services Specialist:
  - 1. Psychological evaluation current within 3 years of initial eligibility determination
  - 2. Individual and Family Support Plan(service plan). The Individual and Family Support Plan (IFSP) must identify the needs and preferences of the individual and specify how those needs and preferences will be addressed. The IFSP identifies the individual and family's immediate and future goals, specialized DD services and supports, nonspecialized services and supports, as well as services and supports to be provided by other non-DDD funded resources (including medical services and supports). The annual IPP documents specialized DD provider(s); nonspecialized providers; authorized funding amounts and/or units of services; and habilitation/training goals and strategies. The IFSP is developed by an interdisciplinary team consisting of the individual; the assigned DDD Service Coordinator; legal representative; family; specialized provider staff; and non-specialized providers, other professionals, advocates, and/or friends as requested by the individual or legal representative. The IFSP is reviewed initially and annually thereafter, and when a participant's changing circumstances may affect waiver eligibility.

## CURRENT WAIVER (CHILDREN'S WAIVER)

- 3. Semi-annual IFSP and all special meetings or addenda to the IFSP. Semi-annually and as needed the team meets to review progress and make any necessary changes in the individual's provider(s), services, environment, etc.
- 4. Developmental Index current within one year of initial eligibility and annual review of eligibility. The Developmental Index is specific to waiver eligibility and identifies an individual's skills, abilities, and areas needing improvement. The Developmental Index is completed by the individual's Service Coordinator and provider staff and reviewed at the IPP meeting. If there are discrepancies between/among the assessments, these discrepancies must be clarified in the IFSP.

# CURRENT WAIVER (CHILDREN'S WAIVER)

- The DDD Service Coordinator submits the above eligibility information to the Disability Services Specialist. The DSS verifies Medicaid eligibility, then reviews the information to determine whether the individual meets ICF level of care criteria and therefore waiver eligibility. The Disability Services Specialist looks at the individual's assessed abilities and needs; how the assessed needs will or are being met, including DD services, Medicaid State Plan services, generic non-Medicaid community services and supports, and family supports, and considers whether the individual would require the services of an ICF if HCB services were not available. If the individual is determined eligible for the waiver, the individual or legal representative is given the choice between home and community based waiver services and ICF services, and the Disability Services Specialist will prior authorize the waiver services if waiver services are chosen.
- The Disability Services Specialist reviews for eligibility on an ongoing basis, and completes an annual review of the IFSP and Developmental Index, and verifies Medicaid eligibility.

# CURRENT WAIVER (ADULT WAIVERS)

- The Division of Developmental Disabilities employs 10 Disability Services Specialists, located across the state to determine initial and ongoing eligibility and annual review of eligibility for HCBS waiver for adults with intellectual or developmental disabilities.
- The following eligibility determination information is submitted to the disability services specialist:
  - 1. Psychological evaluation current within 3 years of initial eligibility determination.
  - 2. Current physical evaluation - annual unless waived by the physician.
  - 3. Individual Program Plan (service plan). The Individual Program Plan (IPP) must identify the needs and preferences of the individual and specify how those needs will be addressed.

## CURRENT WAIVER (ADULT WAIVERS)

- 4. Semi-annual IPP and all special meetings or addenda to the IPP. Semi-annually and as needed the team meets to review progress and make any necessary changes in the individual's provider(s), services, environment, etc.
- 5. Developmental Index current within one year of initial eligibility and annual review of eligibility. The Developmental Index is specific to waiver eligibility and identifies an individual's skills, abilities, and areas needing improvement. The Developmental Index is completed by the individual's Service Coordinator and provider staff and reviewed at the IPP meeting. If there are discrepancies between/among the assessments, these discrepancies must be clarified in the IPP.

## CURRENT WAIVER (CONTINUED)

- The DDD service coordinator submits the above eligibility information to the disability services specialist. The disability services specialist verifies Medicaid eligibility, and reviews the information to determine whether the individual meets ICF level of care criteria and therefore waiver eligibility.
- The disability services specialist looks at the individual's assessed abilities and needs; how the assessed needs are being met, including DD services, Medicaid State Plan services, generic non-Medicaid community services and supports, and family supports, and considers whether the individual would require the services of an ICF if HCBS waiver was not available. If the individual is determined eligible for the waiver, the individual or legal representative is given the choice between home and community based waiver services and ICF services and the choice and consent to receive waiver services is documented on a form. The disability services specialist prior authorizes the waiver services if HCBS waiver is chosen.
- The disability services specialist reviews for eligibility on an ongoing basis, and completes an annual review of the IPP and Developmental Index, and verifies Medicaid eligibility. At any point, the disability services specialist may ask for additional information and clarification.

## CURRENT WAIVER (CONTINUED)

- The IPP identifies the individual's personal and career goals, specialized DD services and supports, non-specialized services and supports (also known as community supports), as well as services and supports to be provided by other non-DDD funded resources (including medical services and supports). The annual IPP documents specialized DD provider(s); non-specialized community supports providers; authorized funding amounts and/or units of services; and habilitation/training goals and strategies. The IPP is developed by an interdisciplinary team consisting of the individual; the assigned DDD Service Coordinator; legal representative; family, if the individual chooses; specialized provider staff; and nonspecialized community support providers, other professionals, advocates, and/or friends as requested by the individual or legal representative. The IPP is reviewed initially and annually thereafter, and when a participant's changing circumstances may affect waiver eligibility.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - g. Reevaluation Schedule.

<input type="radio"/>	Every three months
<input type="radio"/>	Every six months
<input type="radio"/>	Every twelve months
<input type="radio"/>	Other schedule
	<i>Specify the other schedule:</i>



# CURRENT WAIVER

~~ask for additional information and clarification.~~

**g. Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

- ☐ Every three months
- ☐ Every six months
- ☒ Every twelve months
- ☐ Other schedule

*Specify the other schedule:*

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - h. Qualifications of Individuals Who Perform Reevaluations.

# CURRENT WAIVER

## Day Services Waiver for Adults with DD

**h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations *(select one)*:

- ☒ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ☐ **The qualifications are different.**  
*Specify the qualifications:*

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - i. Procedures to Ensure Timely Reevaluations.

# CURRENT WAIVER

## Day Services Waiver for Adults with DD

- Disability Services Specialists use the following procedures and processes to ensure timely reevaluations of level of care: Tickler files, such as Excel spreadsheets, and electronic alerts, and the processes that are components of service coordination.
- **The supervisor reviews ten percent of each disability specialist's waiver files for compliance with established timelines. (this is not in the children's waiver)**

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-6: Evaluation / Reevaluation of Level of Care
  - j. Maintenance of Evaluation/Reevaluation Records.

# CURRENT WAIVER

## Day Services Waiver for Adults with DD

- The DDD Disabilities Services Specialists, who are responsible for the performance of evaluations and reevaluations of level of care, maintain a separate record for each waiver participant. The records are maintained within the office of the disability services specialist.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Quality Improvement: Level of Care



# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-7: Freedom of Choice
  - a. Procedures.
  - b. Maintenance of Forms.

# CURRENT WAIVER (ADULT WAIVERS)

- **a. Procedures.**

- Nebraska waiver participants are afforded choice between waiver services and institutional care. Choice of ICF or waiver services is documented on Form DDD-1 "Consent Form". Information about Nebraska's DD waiver services, feasible alternatives, and freedom of choice is provided verbally and in written materials to assist the individual or legal representative in understanding waiver services, funding of his/her services, and the roles and responsibilities of the participants (the individual, family, guardian, DHHS staff, etc.). This information is provided by the participant's Service Coordinator or the Disability Services Specialist.
- A signature for consent, documenting that waiver participant's choice is to receive community based waiver services over services in an institutional setting, is obtained upon initial determination of waiver eligibility and is kept in the individual's waiver file. Form DDD-1 explains the right and process to appeal.

# CHILDREN'S WAIVERS

- **a. Procedures.** Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
- Nebraska waiver participants are afforded choice between waiver services and institutional care. Waiver participants are also afforded choice of providers and choice of services to meet their needs and preferences.
- Choice of ICF or waiver services is documented on Form DDD-1 "Consent Form". Information about Nebraska's DD waiver services, waiver providers, and freedom of choice is provided verbally and in written materials to assist the individual or legal representative in understanding waiver services, funding of his/her services, and the roles and responsibilities of the participants (the individual, family, guardian, DHHS staff, etc.). This information is provided by the participant's Service Coordinator or the Disability Services Specialist.
- A signature for consent, documenting that waiver participant's choice is to receive community based waiver services over services in an institutional setting, is obtained upon initial determination of waiver eligibility and is kept in the individual's waiver file. Form DDD-1 explains the right and process to appeal.

# CURRENT WAIVER

- **b. Maintenance of Forms.**

- Form DDD-1, the consent form, is kept in the individual waiver file maintained by the Disability Services Specialist. The records are maintained within the office of the Disability Services Specialist.

# APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY

- Appendix B-8: Access to Services by Limited English Proficient Persons

# CURRENT WAIVER

## Day Services Waiver for Adults with DD

- The following methods are utilized to provide meaningful access to services by individuals with limited English proficiency at entrance to waiver services and on and ongoing basis;
  - Oral language assistance services such as interpreters;
  - Translation of written materials, such as applications, brochures, due process, and the Notice of Decision;
  - Foreign language placards, posters, etc.;
  - Second language hiring qualifications; and
  - Availability of translators, including sign language.
- Foreign language web sites have been developed or are in the development stages.